This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:	 				
		Total Fe	e Calculatio	a		
	Fee Code	Total # Claims	Number Extra X	Fee	Fee -	Total
	Sm./Lg.			Sm. Entity	Lg. Entity	~ (∧∞
Busic Filing Fee	201/101				-	710~
Total Claims >20	203/103	26 -20	- <u>6</u> x			108
Independent Claim: >3	202/102	<u>3</u> .,	х			·
Mult. Dep Claim Present	204/104					
Surcharge	205/105	•				130°
English Translation	139					
TOTAL FEE CALCULA	ATION					
Fees due upon filing t	the application:					
Total Filing Fees Due	= s <u>9</u>	18. [∞]				
Less Filing Fees Subn					. 4	1
BALANCE DUE	= \$	48. [∞]	· 			
Office of Initial Patent	t Examination		·			
FÖRM OIPE-RAM-01 (RO	ev. 12/97)	1.	igure 7			

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

684061

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE C		OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		26				R	ATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		BAS	C FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		· 6		X	6 9 =		OR	X\$18=	108.
INC	EPENDENT CL	AIMS	℧ minus 3 =		•		×	10=		OR	X80=	
MU	ILTIPLE DEPEN	DENT CLAIM P	RESENT				+1	35=	135.N		+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2					TC	TAL	700	OR	TOTAL	818.°°		
CLAIMS AS AMENDED - PART II									OTHER			
				(Column 3)	SN	ALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R/	\TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	XS	9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	CL AIM]=	Χ	lO=		OR	X80=	
_	TINOT FRESE	NIATION OF IM	JETTE DET	CINDEIN	CLAIIVI		+1	35=		OR	+270=	
								OTAL		OR	TOTAL ADDIT. FEE	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOM	Total	•	Minus	**		=	J X≸	9=		OR	X\$18=	
AME	Independent		Minus	***		=	X	0=		OR	X80=	
L	FIRST PRESE	NTATION OF MU	JUITPLE DEF	ENDEN	CLAIM	<u> Ц</u>	+1	35=		OR	+270=	
								OTAL . FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui		(Column 3)	,					
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=	xs	9=		OR	X\$18=	
	Independent	ALTATION OF MA	Minus	***	F.CL AIR4	=	X/	0=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	35=			+270=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												